

SERFF Tracking Number: UNUM-125751293 State: Arkansas  
Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 39795  
Company Tracking Number:  
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
Product Name: Accident Amendment  
Project Name/Number: Acc Amend/Acc Amend

## Filing at a Glance

Company: Colonial Life & Accident Insurance Company

Product Name: Accident Amendment

TOI: H02I Individual Health - Accident Only

Sub-TOI: H02I.000 Health - Accident Only

Filing Type: Form

SERFF Tr Num: UNUM-125751293 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Cathy Brooks, Donna  
Mazloom, Angela Mctier, Lauren  
Sease, Annette Smith, Melissa  
Allen, Tonia Garbutt

Date Submitted: 07/30/2008

State Tr Num: 39795

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 08/16/2008

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Acc Amend

Project Number: Acc Amend

Requested Filing Mode:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The amendatory  
rider will be filed in our domicile state of South  
Carolina.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/16/2008

State Status Changed: 08/16/2008

Corresponding Filing Tracking Number:

Filing Description:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

We are submitting the enclosed amendment for use with our previously approved individual accident policy forms ACCH-AR and ACCPOL-AR, approved by your department on 03/06/1997 and 04/02/02, respectively.

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In a recent review of our policy forms and procedures we identified a need to amend these forms for consistency with the way we process the business. The amendment will remove the "Other Accident Policies With Us" Provision.

A copy of this amendment will be sent to our existing policyholders and will be included with new policies when they are issued.

## Company and Contact

### Filing Contact Information

Annette Smith, Contrat Analyst absmith@unum.com  
 1200 Colonial Life Boulevard (803) 213-7272 [Phone]  
 Columbia, SC 29202

### Filing Company Information

Colonial Life & Accident Insurance Company CoCode: 62049 State of Domicile: South Carolina  
 1200 Colonial Life Boulevard Group Code: 565 Company Type:  
 Post Office Box 1365  
 Columbia, SC 29202 Group Name: State ID Number:  
 (803) 798-7000 ext. [Phone] FEIN Number: 57-0144607  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: \$20.00 Per Filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Life & Accident Insurance Company	\$20.00	07/30/2008	21682957

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/16/2008	08/16/2008

*SERFF Tracking Number:* UNUM-125751293      *State:* Arkansas  
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*TOI:* H02I Individual Health - Accident Only      *Sub-TOI:* H02I.000 Health - Accident Only  
*Product Name:* Accident Amendment  
*Project Name/Number:* Acc Amend/Acc Amend

## **Disposition**

Disposition Date: 08/16/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125751293 State: Arkansas  
 Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 39795  
 Company Tracking Number:  
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
 Product Name: Accident Amendment  
 Project Name/Number: Acc Amend/Acc Amend

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Submission Letter	Approved-Closed	Yes
<b>Form</b>	Amendatory Rider	Approved-Closed	Yes

SERFF Tracking Number: UNUM-125751293 State: Arkansas  
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 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Accident Amendment  
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## Form Schedule

**Lead Form Number:** Acc Amend

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	Acc Amend	Policy/Cont	Amendatory Rider	Initial			Accident Amendment.pdf
		ract/Fratern	al				
		Certificate:	Amendmen				
		t, Insert	Page,				
		Endorseme	nt or Rider				

**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**  
1200 Colonial Life Boulevard, P. O. Box 1365, Columbia, South Carolina 29202  
(800) 325-4368 www.coloniallife.com  
A Stock Company

**Amendatory Rider**

The policy to which this rider is attached is amended to remove the provision entitled "Other Accident Policies With Us."

All other terms, conditions and provisions of the policy remain unchanged.



Secretary

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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125751293 State: Arkansas  
Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 39795  
Company Tracking Number:  
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
Product Name: Accident Amendment  
Project Name/Number: Acc Amend/Acc Amend

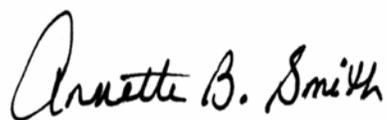
## Supporting Document Schedules

<b>Satisfied -Name:</b> Certification/Notice	<b>Review Status:</b> Approved-Closed	08/16/2008
<b>Comments:</b>		
<b>Attachment:</b> COMPLIANCE CERTIFICATION.pdf		
<b>Bypassed -Name:</b> Application	<b>Review Status:</b> Approved-Closed	08/16/2008
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		
<b>Bypassed -Name:</b> Health - Actuarial Justification	<b>Review Status:</b> Approved-Closed	08/16/2008
<b>Bypass Reason:</b> Not Applicable		
<b>Comments:</b>		
<b>Bypassed -Name:</b> Outline of Coverage	<b>Review Status:</b> Approved-Closed	08/16/2008
<b>Bypass Reason:</b> Not Applicable		
<b>Comments:</b>		
<b>Satisfied -Name:</b> Submission Letter	<b>Review Status:</b> Approved-Closed	08/16/2008
<b>Comments:</b>		
<b>Attachment:</b> Submission Letter.pdf		

**COMPLIANCE CERTIFICATION**

FORM:        Acc Amend

I certify that this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements.

A handwritten signature in black ink that reads "Annette B. Smith". The signature is written in a cursive style with a large initial 'A'.

July 29, 2008  
Date

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Annette B. Smith  
Compliance Contract Consultant

**Colonial Life & Accident  
Insurance Company**

1200 Colonial Life Boulevard  
Columbia, SC 29210  
803.798.7000  
coloniallife.com

July 29, 2008

Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
Life & Health division  
1200 W 3<sup>rd</sup> St  
Little Rock, AR 72201-1904

RE: NAIC#/Group#: 62049 / 0565  
Insurer: Colonial Life & Accident Insurance Company  
Filing Type: Form  
Line of Business: Health  
Form(s): Acc Amend

Dear Ms. Bowman:

We are submitting the enclosed amendment for use with our previously approved individual accident policy forms ACCH-AR and ACCPOL-AR, approved by your department on 03/06/1997 and 04/02/02, respectively.

In a recent review of our policy forms and procedures we identified a need to amend these forms for consistency with the way we process the business. The amendment will remove the "Other Accident Policies With Us" Provision.

A copy of this amendment will be sent to our existing policyholders and will be included with new policies when they are issued.

If acceptable, we shall appreciate your notifying us via SERFF. If you have any questions, please contact me at (800) 845-7330, extension 6676. My email address is [absmith@coloniallife.com](mailto:absmith@coloniallife.com). The fax number is (803) 750-7341.

Sincerely,



Annette B. Smith  
Compliance Contract Consultant